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AUG -1 2011

IN THE UNITED STATES DISTRICT COURT
FOR THE _____ DISTRICT OF TENNESSEE

DIVISION _____

U.S. DISTRICT COURT
MID. DIST. TENN.

Bobby Walter Garrett Name

Prison Id. No. 160016

Name

Prison Id. No. _____

Plaintiff(s)

v.

Rutherford County Name

Rutherford County
Adult Detention Center Name

Defendant(s)

(List the names of all the plaintiffs
filing this lawsuit. Do not use "et
al." Attach additional sheets if
necessary.)

Civil Action No. _____
(To be assigned by the Clerk's
office. Do not write in this space.)

Jury Trial ☐ Yes ☐ No

(List the names of all defendants
against whom you are filing this
lawsuit. Do not use "et al." Attach
additional sheets if necessary.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
FILED PURSUANT TO 42 U.S.C. § 1983

I. PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)

- A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuits in the United States District Court for the Middle District of Tennessee, or in any other federal or state court?

☐ Yes ☒ No

- B. If you checked the box marked "Yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs

Defendants

N/A

2. In what court did you file the previous lawsuit? N/A

(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)

3. What was the case number of the previous lawsuit? N/A

4. What was the Judge's name to whom the case was assigned? N/A

5. When did you file the previous lawsuit? N/A (Provide the year, if you do not know the exact date.)

6. What was the result of the previous lawsuit? For example, was the case dismissed, appealed, or still pending? N/A

7. When was the previous lawsuit decided by the court? N/A (Provide the year, if you do not know the exact date.)

8. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit.

☐ Yes ☒ No

(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)

II. THE PLAINTIFF'S CURRENT PLACE OF CONFINEMENT (The following information must be provided by each plaintiff.)

A. What is the name and address of the prison or jail in which you are currently incarcerated? Rutherford County Adult Detention Center
940 New Salem Hwy Murfreesboro, TN 37130

B. Are the facts of your lawsuit related to your present confinement?

☒ Yes ☐ No

C. If you checked the box marked "No" in question II.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain.

N/A

D. Do the facts of your lawsuit relate to your confinement in a Tennessee State Prison?

☐ Yes ☒ No

If you checked the box marked "No," proceed to question II.H.

E. If you checked the box marked "Yes" in question II.D above, have you presented these facts to the prison authorities through the state grievance procedure?

☐ Yes ☐ No

F. If you checked the box marked "Yes" in question II.E above:

1. What steps did you take? N/A

2. What was the response of prison authorities? N/A

G. If you checked the box marked "No" in question II.E above, explain why not. N/A

H. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)?

☒ Yes ☐ No

I. If you checked the box marked "Yes" in question II.H above, have you presented these facts to the authorities who operate the detention facility?

☒ Yes ☐ No

J. If you checked the box marked "Yes" in question II.I above:

1. What steps did you take? Letters to Sheriff Robert Arnold, Commander Guy Goff, Facility Grievance Committee

2. What was the response of the authorities who run the detention facility? No Response from Sheriff or Commander, Grievance Committee - no Grievable

L. If you checked the box marked "No" in question II.I above, explain why not. _____

Attach copies of all grievance related materials including, at a minimum, a copy of the grievance you filed on each issue raised in this complaint, the prison's or jail's response to that grievance, and the result of any appeal you took from an initial denial of your grievance.

III. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: Bobby Walter Garrett

Prison Id. No. of the first plaintiff: 1160016

Address of the first plaintiff: Rutherford County Detention Center
940 New Salem Hwy, Murfreesboro, TN 37130
(Include the name of the institution and mailing address, including zip code.
If you change your address you must notify the Court immediately.)

2. Name of second the plaintiff: N/A

Prison Id. No. of the second plaintiff: N/A

Address of the second plaintiff: N/A

(Include the name of the institution and mailing address, including zip code.
If you change your address you must notify the Court immediately.)

If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: Rutherford County

Place of employment of the first defendant: _____

The first defendant's address: Murfreesboro, TN

Named in official capacity? ☒ Yes ☐ No

Named in individual capacity? ☒ Yes ☐ No

2. Name of the second defendant: Rutherford County Detention Center

Place of employment of the second defendant: 940 New Salem Highway

The second defendant's address: Murfreesboro, TN 37130

Named in official capacity? ☒ Yes ☐ No

Named in individual capacity? ☒ Yes ☐ No

If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, their place of employment, their address, and the capacity in which you are suing them. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide their proper name, place of employment, and address, the Clerk will be unable to serve them should process issue.

7-5-2011

Major Grey Goff,

My name is Bobby Garrett, I'm here at the R.C.A.D.C. in the Annex, in A-6. I'm writing you this second time concerning credits for Tennessee

Department of Corrections inmates who I am one of.

I'm serving a 2yr 30% sentence. These two years as a Tennessee Department of Corrections inmate gives me the right to try to earn certain credits that are awarded to inmates. These credits help people like myself to be released and serve shorter sentences. If this Facility is not able to provide these credits to all of the state prisoners that are kept here, I for one would like to be sent to a facility that can.

I know there is not enough jobs and programs for all the state prisoners that you have. But that is a problem that the Facility should have taken into consideration before it decided to house state prisoners. It is not the fault of the inmate that you can't provide the necessary jobs and programs for all of us. I have seen certain inmates get released, come back and placed back on trustee programs and jobs while I'm still trying to get my first chance to earn credits. If the facility can't help me, please send me where I can be helped.

Thank You

7-5-2011

Sheriff Robert Arnold:

I'm writing you a second time concerning the earning of credits for Tennessee Department of Correction inmates who are housed here at the Rutherford County Adult Detention Center. Sheriff Arnold I am serving a 2yr 30% sentence. Under Tennessee Department of Corrections rules I, being a state prisoners have a right to earn certain credits for jobs, behavior, and programs while I am locked up. These credits are used to help earn early release for people who are locked up. If this facility cannot help me I would like to be sent to one that can. It's not the fault of myself if this facility cannot supply the jobs and programs for the state prisoners it has. Only a hand full of state inmates receive the full credits here and the rest are simply stuck because of something we have no control over. And no one here seems to care if it changes. I'm asking for a chance to earn my credits or be sent to a location where I can.

Thank You



OFFICIAL INMATE GRIEVANCE FORM

| INMATES LAST NAME | INMATES FIRST NAME | BLOCK | CELL | DATE FILED |
|-------------------|--------------------|-------|------|------------|
| GARRETT | Bobby | A | 6 | 6-20-11 |

I am filing this official grievance based on the following: Concerning the process of being able to receive full credits while serving my T.D.C. sentence at this facility. Even though there not enough jobs and programs for all the T.D.C. prisoners that you housed, for those of us who are not able to work or participate in one of the programs we don't receive full credits. But if we were housed in a state prison or a privately ran prison I would still receive my full credits as long as I didn't get charged with any disciplinary infractions during that grading period. At this Detention Center we are discriminated against, If we are able or selected to work we will receive our credits. If not, then no credits. It's not the fault of the inmates that you have more prisoners then you have jobs or programs to provide for. Someone needs to help other T.D.C. inmates get jobs or devise a way for all to get their credits.

This section shall be completed by the grievance officer only

☐ This is a valid grievance and disposition shall be as follows:

☐ Employee shall provide a written response to grievance officer (72 hrs.)

☒ Employees designated supervisor shall be made aware of this grievance immediately *Lt. Deal*

☐ Employees designated supervisor shall provide a written response to the grievance officer (72 hrs.)

☐ The grievance will be addressed through the designated shift commander before the grievance officer responds

☐ The grievance will be addressed through the Detention Center Administrator before the grievance officer responds

☐ The grievance is being investigated by the Detention Center Administrator and the response is postponed

☐ The grievance is being investigated by the grievance officer and the response is postponed

☐ This is not a valid grievance due to the following:

☐ Non-grievance issue

☐ Violation of established grievance procedures

☐ Other

Processing #

8245

Grievance Status

☐ Resolved

☐ Pending Investigation

☐ Pending Re-write

☐ Closed by Inmate



OFFICIAL INMATE GRIEVANCE FORM

| INMATES LAST NAME | INMATES FIRST NAME | BLOCK | CELL | DATE FILED |
|-------------------|--------------------|-------|------|------------|
| GARRETT | Bobby | A | 6 | 6-20-11 |

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- ☐ Employee shall provide a written response to grievance officer (72 hrs.)
- ☒ Employees designated supervisor shall be made aware of this grievance immediately *Lt. Deal*
- ☐ Employees designated supervisor shall provide a written response to the grievance officer (72 hrs.)
- ☐ The grievance will be addressed through the designated shift commander before the grievance officer responds
- ☐ The grievance will be addressed through the Detention Center Administrator before the grievance officer responds
- ☐ The grievance is being investigated by the Detention Center Administrator and the response is postponed
- ☐ The grievance is being investigated by the grievance officer and the response is postponed

☒ This is not a valid grievance due to the following:

☒ Non-grievance issue *Lt. Deal 405*

- ☐ Violation of established grievance procedures
- ☐ Other

Processing #

8245

Grievance Status

- ☐ Resolved
- ☐ Pending Investigation
- ☐ Pending Re-write
- ☐ Closed by Inmate

IV. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where there they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 ½ in. x 11 in. paper. Write on one side only, and leave a 1 in. margin on all four sides.

See Attached Sheet:

V. RELIEF REQUESTED: Specify what relief you are requesting against each defendant.

- A. All T.D.O.C. inmates be given full credits
- B. Put a state liason or counselor in facility for state inmates
- C. Put work a day, off a day program in effect.
- D. Send inmates to facilities that can provide jobs
- E. Create other jobs and programs for inmates

F. I request a jury trial. ☒ Yes ☐ No

IV Statement of Facts

All state inmates at this facility do not receive all of the Tennessee Department of Corrections Credits.

This Facility does not provide enough jobs and programs to accommodate all of the state prisoners that it housed.

The amount of jobs and programs that they do have will only give credits to a handful of T.D.C. prisoners. The amount of jobs should have been taken into consideration before the facility was allowed to be filled with state prisoners.

The credits are vital to an inmate's credit. These credits help reduce sentences and gives each inmate a chance to be released on good behavior and other credible programs. This facility does not give each inmate the same chance at being released, because it does not provide jobs and programs to all inmates.

For inmates who do not have jobs or programs, we serve longer sentences than those who do, even though we were given the same sentence in the court room.

It is not the fault of the inmate if the facility did not take jobs and programs for state inmates into consideration. If we were housed in a state or private ran facility we would still be awarded full state credits as long as we had no write-ups or any disciplinary infractions for that grading period.

VI. CERTIFICATION

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: Bobby W. Garnett Date: _____

Prison Id. No. 160016

Address: 940 New Salem Hwy. Murfreesboro, TN. 37130

(Include the city, state and zip code.)

Signature: _____ Date: _____

Prison Id. No. _____

Address: _____

(Include the city, state and zip code.)

ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT, and provide the information listed above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN FORMA PAUPERIS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT, THE REQUIRED FILING FEE, OR APPLICATION TO PROCEED IN FORMA PAUPERIS, TOGETHER. Complaints received without the required filing fee or application to proceed *in forma pauperis* will be returned. Filing fees, or applications to proceed *in forma pauperis*, received without a complaint will be returned.

Bobby GARRETT 160016
940 New Salem Hwy. - A16
Murfreesboro, Tn. 37130



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U.S. DISTRICT COURT
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United States Courthouse
801 Broadway
Nashville, Tn 37203

Goes to the Courts on 8th floor

